

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	<u>COSMETIC COMPOSITION COMPRISING</u> UBIQUITIN
Attorney Docket Number::	0512-1256
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: CHRISTIAN
Middle Name::
Family Name:: LUBRANO
Name Suffix::
City of Residence:: LES MOULINEAUX
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 16 RUE DU DOCTEUR VUILLIEME
Address::
City of Mailing Address:: LES MOULINEAUX
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 92130

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-RENAUD
Middle Name::
Family Name:: ROBIN
Name Suffix::
City of Residence:: NANTERRE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 24 RUE CIRCULAIRE
Address::
City of Mailing Address:: NANTERRE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 92000

Correspondence Information

Correspondence Customer

00466

Number::

Representative Information

Representative Customer

00466

Number::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2003/002109	7/7/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/08992	7/16/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::